

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>79923382</i>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		2					
3							
4	1						
5	1						
6	2						
7	2						
8	2						
9	2						
10	2						
11	1						
12	2						
13	2						
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	21						
TOTAL CLAIMS	23						
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							